ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Outline Winter Plan 2023/24

Winter Plan Pillars

1. **Increasing System Capacity**
   - Supporting same day access in Primary and community care avoiding admissions
   - Hospital Discharge and recovering well in the community

2. **Managing Seasonal pressures**
   - Respiratory conditions
   - Paediatrics and children's conditions
   - Effective management over Christmas and New Year

3. **Information Sharing and Escalation**
   - Winter Intelligence Hub
   - System Escalation
   - Winter Communications and Engagement Campaign

System commitments

As a system, we commit to working together to ensure same day care is accessible, sustainable and high quality. This will achieve the best outcomes for residents and positive working environment for staff.

This includes

- Develop out of hospital services to our full capacity to prevent the need for anyone to attend hospital where they don't need to, with a particular focus on care home residents, frail residents, people with respiratory conditions and children
- Managing LAS Hand over delays through the new robust escalation process
- Protecting SDEC and Frailty Assessment unit at all costs
- Ensure Consultant connect is fully working to provide a strong interface between primary and secondary care
- Maintain timely and early discharge to ensure all patients that need an acute bed can be moved out of ED in a timely way, and patients can start their recovery, as early as possible out of hospital
- Provide as much access in primary care for same day/urgent appointments as possible preventing the need for patients to go elsewhere to be seen
- Social Care will continue to be a key provider ensuring eligible care and support needs are met, carers are well supported and providing urgent access to care and support for people in crisis
- All organisations will prioritise workforce wellbeing and ensure the workforce are fully supported to do their jobs throughout winter
- All providers will respect one another, problem solve together and ensure residents best interests are put first, managing risk together

Pre-Winter activity to reduce risk

1	Prevention through Covid-19 and Flu vaccination	A full vaccination programme is being delivered locally to all required residents.	1
2	Ensuring Universal Care Plans are in place and accessed for all patients at risk of deterioration	Ensure Advance Care Plans (ACPs) or crisis plans are in place and available on the UCP platform for ▪ People with mental health conditions at risk of crisis ▪ Carer breakdown plans for people dependent on a vulnerable carer ▪ All care home residents at high risk of deterioration ▪ All patients under specialist palliative care teams ▪ Frail patients at high risk of deterioration, not for hospital treatment Training for all health care providers on accessing and using UCPs. Access will be monitored to ensure access goes up	2
3	Ensuring effective planning for all patients with a respiratory presentation	▪ All patients with a respiratory condition receive a diagnosis through Spirometry access ▪ Ensure all patients with a respiratory diagnosis have an up-to-date management plan, medication and rescue packs available ▪ Pulmnerary rehab for all patients that would benefit	3

1. Increase System Capacity to meet seasonal demand

Increasing System Capacity

Supporting same day access in Primary and community care avoiding admissions

Proposed winter offer for primary care

- Additional Same Day GP appointments – scalable and responsive to seasonal demand
- Increased Rapid Response capacity to support GP home visiting
- Direct Access to children's and adults Hospital @Home including adult virtual monitoring service for primary care, including care homes
- Full and consistent consultant connect, SDEC and direct to specialty referral process (ambulatory, frailty, paediatrics, ENT, surgery, Gynae)
- Same day social care access

See
WCPD01: Increasing System Capacity – primary and community care

WCP02: Increasing System Capacity: Hospital at Home Plan

Increasing System Capacity

Hospital Discharge and recovering well in the community

Proposed winter offer for Hospital Discharge

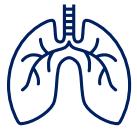
- Increase in all hospital discharge services and staffing capacity (inc rehab, reab, AT, ECH, equipment, VCS, LBB) to mitigate against staff sickness and maintain maximum service provision

Wider Strategic programmes that will launch by winter 2023 and will support safe and timely discharge

- Maintaining D2A and Home First for all patients requiring new care and support at discharge managed through the integrated hospital discharge arrangements locally
- H@H in-reach to maximise utilisation of all available interventions, including virtual monitoring for early supported discharge
- Developing complex care pathway for patients with complex care and support needs inc interface with Proactive Care Pathways and delirium pathway
- Providing case management for the transition of patients from hospital to home at high risk of readmission

2. Managing Seasonal pressures

2.1 Managing Seasonal Demand



Respiratory conditions

1. **Current HIN hublets** (expansion/ gaps/ capacity- can we do more?)
2. **PR capacity** (waiting lists good justification/ will need to get people trained)
3. **Rescue pack** (ensure they are issued, inc as part of referral to resp)
4. **EMIS searches** (proactive for asthma/ COPD)
5. **Respiratory hubs** (could do it on urgent/ non urgent including some reviews)
6. **H@H** (monitoring nebs, loan of nebs. Direct GP referral)
7. **ROP** (getting this on/ referrals from GPs)

See **WPD04: Respiratory**

Paediatrics and children

1. Direct Access to **specialist paediatric advice, guidance and referral** (Consultant Connect) for GPs
2. **Increased GP appointments** during outbreaks to see children face to face
3. Step up to **Children's Hospital @Home** from primary care
4. Robust **UTC triaging** of children attending hospital
5. Clarity on **community pharmacy** offer for children'
6. Library of **communication material** for looking after children when they are unwell

See **WPD05:Paediatrics**

Effective management over Christmas and New Year

Blueprint from 22-23 carried forward
Detailed plans worked up in November

Prevention through Covid-19 and Flu vaccination

Detailed plans being worked up inc approach for housebound residents, care homes and marginalised groups

3. Information Sharing and Escalation

3.1 Winter Communication Plan

Targeted communications approach for winter issues
Getting the right information to the right people in the right way

Public

General comms to the public on staying well and choosing the right services

Target comms for key groups e.g Patients through direct communication or parents through social media, schools and community whatsapp groups

Workforce

Targeted webinars for GPs

Winter Director of Services (DOS)

Direct communication through existing distribution lists on key information / changes throughout winter

Providers

Targeted literature for social care providers on 'keeping service users well this winter'

Winter Director of Services (DOS)

Direct communication through existing distribution lists on key information / changes throughout winter

3.2 System Escalation Management